## MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES NURSE AIDE SKILL COMPETENCY CHECKLIST

| Applicant Na | ame: | Social          | Security | Number: |  |
|--------------|------|-----------------|----------|---------|--|
| Address:     |      | Facility/School |          |         |  |
|              |      | City:           |          |         |  |

| <u></u>  | 1                                |                                    |          |                       |
|--|----------------------------------|------------------------------------|----------|-----------------------|
| PERSONAL CARE  | DATE PASSED<br>BY<br>EXAMINATION | DATE PASSED<br>BY<br>DEMONSTRATION | COMMENTS | OBSERVER<br>SIGNATURE |
| Tub bath   |                                  |                                    |          |                       |
| Shower   |                                  |                                    |          |                       |
| Bed bath   |                                  |                                    |          |                       |
| Partial bath   |                                  |                                    |          |                       |
| Oral care  |                                  |                                    |          |                       |
| Denture care   |                                  |                                    |          |                       |
| Female pericare  |                                  |                                    |          |                       |
| Male Pericare  |                                  |                                    |          |                       |
| Pericare with catheter   |                                  |                                    |          |                       |
| Nail care  |                                  |                                    |          |                       |
| Hair care  |                                  |                                    |          |                       |
| Shaving  |                                  |                                    |          |                       |
| Use of commode and bedpan  |                                  |                                    |          |                       |
| Dressing/undressing  |                                  |                                    |          |                       |
| Prevention/observation<br>Pressure sore                          |                                  |                                    |          |                       |
| Skin care  |                                  |                                    |          |                       |
| Catheter care: Proper handling, emptying, changing catheter bags |                                  |                                    |          |                       |
| Obtain specimens:  |                                  |                                    |          |                       |
| Urine  |                                  |                                    |          |                       |
| Stool  |                                  |                                    |          |                       |
| Sputum   |                                  |                                    |          |                       |
| Application of heat:   |                                  |                                    |          |                       |
| Aqua pad   |                                  |                                    |          |                       |
| Compresses   |                                  |                                    |          |                       |
| Application of cold:   |                                  |                                    |          |                       |
| Ice bag  |                                  |                                    |          |                       |
| Compresses   |                                  |                                    |          |                       |
| Application ted hose   |                                  |                                    |          |                       |
| Documentation in residents records                               |                                  |                                    |          |                       |
| Assessment & care planning process                               |                                  |                                    |          |                       |
| INFECTION CONTROL  |                                  |                                    |          |                       |
| Blood and body fluid precautions                                 |                                  |                                    |          |                       |
| Handwashing  |                                  |                                    |          |                       |
| Use of protective gown, gloves and mask                          |                                  |                                    |          |                       |
| Disposal of contaminated supplies                                |                                  |                                    |          |                       |
| Proper linen handling, storage and disposal                      |                                  |                                    |          |                       |

| COMMUNICATION/RIGHTS   | DATE PASSED<br>BY<br>EXAMINATION | DATE PASSED<br>BY<br>DEMONSTRATION | COMMENT | OBSERVER<br>SIGNATURE |
|--|----------------------------------|------------------------------------|---------|-----------------------|
| Respectful in interactions/communication   |                                  |                                    |         |                       |
| Knocks before entering room  |                                  |                                    |         |                       |
| Asks permission/explains procedures in advance   |                                  |                                    |         |                       |
| Addresses resident by preferred name   |                                  |                                    |         |                       |
| Demonstrates techniques of responding to:  |                                  |                                    |         |                       |
| Combative resident   |                                  |                                    |         |                       |
| Depressed resident   |                                  |                                    |         |                       |
| Anxious resident   |                                  |                                    |         |                       |
| Cognitively impaired   |                                  |                                    |         |                       |
| Ensures privacy during personal care   |                                  |                                    |         |                       |
| ENVIRONMENT  |                                  |                                    |         |                       |
| Makes an unoccupied bed  |                                  |                                    |         |                       |
| Makes an occupied bed  |                                  |                                    | -       |                       |
| Cleaning a resident unit   |                                  |                                    |         |                       |
| Marks & cares for personal possessions   |                                  |                                    |         |                       |
| Completes clothing & possessions list  |                                  |                                    |         |                       |
| Cleans resident care equipment(tub/shower, basins, wheelchair combs, brushes, razor, etc.) |                                  |                                    |         |                       |
| Care of glasses  |                                  |                                    |         |                       |
| Care of hearing aid  |                                  |                                    |         |                       |
| Care of prostheses   |                                  |                                    |         |                       |
| SAFETY AND REHABILITATION  |                                  |                                    |         |                       |
| Uses correct body mechanics  |                                  |                                    |         |                       |
| Turn/position resident   |                                  |                                    |         |                       |
| Range of motion  |                                  |                                    |         |                       |
| Use of mechanical lifts  |                                  |                                    |         |                       |
| Ambulation techniques:   |                                  |                                    |         |                       |
| Use of gait belt   |                                  |                                    |         |                       |
| Use of mobility equipment  |                                  |                                    |         |                       |
| Transfers:   |                                  |                                    |         |                       |
| Bed to chair   |                                  |                                    |         |                       |
| Chair to bed   |                                  |                                    |         |                       |
| One person   |                                  |                                    |         |                       |
| Two person   |                                  |                                    |         |                       |
| Miscellaneous:   |                                  |                                    |         |                       |
| ADL retraining   |                                  |                                    |         |                       |
| Bowel/bladder retraining   |                                  |                                    |         |                       |
| Use of restraints  |                                  |                                    |         |                       |
| Use of side rails  |                                  |                                    |         |                       |
| Use of call lights   |                                  |                                    |         |                       |
| Use of protective devices:   |                                  |                                    |         |                       |
| Padding, heel/elbow protectors, etc.   |                                  |                                    |         |                       |
| Alarms (bed, chair, door)  |                                  |                                    |         |                       |
| Participates in fire drill   |                                  |                                    |         |                       |

| SPECIAL PROCEDURES                                   | DATE PASSED<br>BY<br>EXAMINATION | DATE PASSED<br>BY<br>DEMONSTRATION | COMMENTS | OBSERVER<br>SIGNATURE |
|--|----------------------------------|------------------------------------|----------|-----------------------|
| Resident admission procedure                         |                                  |                                    |          |                       |
| Resident discharge procedure                         |                                  |                                    |          |                       |
| Resident transfer procedures                         |                                  |                                    |          |                       |
| Take and record:                                     |                                  |                                    |          |                       |
| Temperature-(Electronic/Temp Dots)                   |                                  |                                    |          |                       |
| Oral   |                                  |                                    |          |                       |
| Tympanic   |                                  |                                    |          |                       |
| Axillary   |                                  |                                    |          |                       |
| Pulse  |                                  |                                    |          |                       |
| Respiration  |                                  |                                    |          |                       |
| Blood pressure                                       |                                  |                                    |          |                       |
| Height   |                                  |                                    |          |                       |
| Weight   |                                  |                                    |          |                       |
| CPR (optional)                                       |                                  |                                    |          |                       |
| Heimlich   |                                  |                                    |          |                       |
| Post mortem care                                     |                                  |                                    |          |                       |
| Ostomy care  |                                  |                                    |          |                       |
| Respiratory care:(oxygen set-up; safety)             |                                  |                                    |          |                       |
| Other: (write in)                                    |                                  |                                    |          |                       |
|  |                                  |                                    |          |                       |
|  |                                  |                                    |          |                       |
|  |                                  |                                    |          |                       |
| NUTRITION  |                                  |                                    |          |                       |
| Positioning (at table; in bed; during tube feedings) |                                  |                                    |          |                       |
| Assists residents who self feed (supervision/cueing) |                                  |                                    |          |                       |
| Feeds dependent residents                            |                                  |                                    |          |                       |
| partial physical assist to eat                       |                                  |                                    |          |                       |
| Serves supplements                                   |                                  |                                    |          |                       |
| Preparing & serving thickened liquids                |                                  |                                    |          |                       |
| Passes drinking water                                |                                  |                                    |          |                       |
| Records meal/supplement intake                       |                                  |                                    |          |                       |
| Records fluid intake/output                          |                                  |                                    | _        |                       |

## CERTIFICATION OF COMPETENCY

| Program Coordinator or Clinical           | Instructor:                                    |                    |  |  |  |  |
|---|--|--------------------|--|--|--|--|
| I,(Name of PC or RN CI - type or          | Certify that (Name of student - type or print) | has satisfactorily |  |  |  |  |
| Performed all of the above listed skills. |  |                    |  |  |  |  |
| Signature of PC or CI                     | Date   |                    |  |  |  |  |
| Signature of student                      | Date   |                    |  |  |  |  |

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